

XC 298 35 09

Reg #105908

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16585**BIRTH NO. **APR 29 1953**REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1135**

1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADM HOSP		d. STREET ADDRESS (If rural, give location) 5904 DELMAR	
3. NAME OF DECEASED (Type or Print) STOJAN		a. (First) ASKRABICH	
b. (Middle)		c. (Last)	
5. SEX MALE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
6. COLOR OR RACE WHITE		8. DATE OF BIRTH 3/15/88	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		9. AGE (In years last birthday) 65	
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA	
13a. FATHER'S NAME METTER ASKRABICH		13b. MOTHER'S MAIDEN NAME (UNKNOWN) MASTALOVICH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WW I		14. NAME OF HUSBAND OR WIFE NONE	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) KIMMELSTIEL-WILSON SYNDROME WITH UREMIA DUE TO DIABETES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-20-1952 , to 4-19-1953 , and that death occurred on and that death occurred at 12:36p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank Seider (Degree or title) M.D.		23b. ADDRESS VETS ADM HOSP, JEFF BRKS, MO	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI	
DATE REC'D BY LOCAL REG. 4-21-53		REGISTRAR'S SIGNATURE Harriet R. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Dos. W. Clark		ADDRESS 1125 Hodiament Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision. _____

Student _____

Student Embalmer _____

Signed _____

Fred J. Farmer

Licensed Embalmer, No. 4788

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.